

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION	A B C O N E		D7-31-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	C K	1109	9-03-01
RESPONSE FORMALITY REVIEW	I T C	712	0-16-02

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 — (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Final	Original
1	/	✓
2	✓	✓
3	✓	✓
4	✓	✓
5	✓	✓
6	✓	✓
7	✓	✓
8	N	N
9	N	N
10	N	N
11	✓	✓
12	✓	✓
13	✓	✓
14	✓	✓
15	✓	✓
16	✓	✓
17	✓	✓
18	✓	✓
19	✓	✓
20	✓	✓
21	✓	✓
22	✓	✓
23	✓	✓
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27	✓	✓
28	✓	✓
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30	✓	✓
31	✓	✓
32	✓	✓
33	✓	✓
34	✓	✓
35	✓	✓
36	✓	✓
37	N	
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)

U/C85
10/26/02